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J. Bacon. Some thoughts on the misery

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*Some Thoughts Concerning Insanity and*  
*the Connecticut Laws.*

THE PRESIDENT'S ADDRESS

— TO —

The Ninety-Seventh Annual Convention

— OF THE —

CONNECTICUT MEDICAL SOCIETY,

NEW HAVEN, MAY 24, 1888.

[Francis Bacon]



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*Les lois ne doivent point être subtiles ; elles sont faites pour des gens de médiocre entendement : elles ne sont point un art de logique, mais la raison simple d'un père de famille.*

MONTESQUIEU, *De l'esprit des Loïs.*



## PRESIDENT'S ADDRESS.

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### SOME THOUGHTS CONCERNING INSANITY AND THE CONNECTICUT LAWS.

An occasion like this, when we meet in our annual council, suggests the thought, that now, more than ever before, is a time of swift and ceaseless organic growth of the medical sciences. In every civilized land the earnest toil of many students trained in the art of observation, and working, not as in past centuries, in a hermit-like isolation, but with mutual helpfulness, with free interchange of opinion and experience, with constant comparison of freshly-gained and tested acquirements — working, in a word, in the true spirit of modern research — so mightily prevails that hardly a year passes without some substantial addition to our resources for the help of humanity and some visible dwindling of the domains of darkness which everywhere and always surround the illuminated area of science. An *annus mirabilis*, such as the ages behind us tired of hoping for, seems to dawn for us with each revolution of the seasons.

So, at such a time as this, among ourselves, it seems the most natural and profitable of things that we should recount our recent gains, and, while felicitating ourselves upon the grains of precious metal that have been added to our common treasury, apply to some other concepts not less shining and specious, that touchstone of discussion which may, perhaps, condemn them to the rubbish-heap of exploded fancies, unsightly to view, ignominious in repute, but not without a certain admonitory value to the thoughtful mind.

To-day it would have been an obvious and easy, and perhaps not unprofitable, task for me to recite those still fresh improvements in the technique of surgery, which have gone far toward making surgical fever, with its manifold dangers, a thing of the past; which have enabled us to invade, not only without hesitation, but with something like the certainty of success, regions a short

time ago held sacred from all sight and touch save that of the anatomist; which show us how the careful suture of nerves and tendons may preserve in useful function members whose wounds would once have condemned them as hopelessly crippled; which encourage us to attempt, by the transplantation of tissues, to repair the damage of lost parts; which, more marvelous still, have brought to instant fruition the latest discoveries of cerebral physiology by removing morbid growths and deposits from the very citadel of the soul itself, thereby averting madness and death,

The charming miracle of local anæsthesia is still almost a novelty, and study of its ascertained phenomena and speculation upon its future possibilities might be not unattractive or useless to us here.

The studies of many acute, untiring workers, conspiring to one end, which have, within the last few years, done so much to promote exactitude in our knowledge of diseases of the nervous system, and which are already not without visible good effect in the treatment of this formerly most unsatisfactory and baffling class of maladies, offer another attractive subject for disquisition on such an occasion as this.

Again, the somewhat indiscriminate largess which has been showered upon us from all quarters of late in the form of proposed additions to the *materia medica* is an interesting phenomenon worthy of investigation. The fact that ninety-nine hundredths of the so-called "new remedies" are infallibly worthless — nay, are troublesome nuisances, must not blind us to the possible value of at least a portion of the remaining one hundredth; and certainly some of the products which have lately come to us from the laboratory of the synthetic chemist seem almost like a realization of the dreams of alchemy and promise to be permanent enrichments of our means of dealing with disease. Even upon the influx of new rubbish the philosophic mind may look with a certain complacency, for is there not much old rubbish which it must of necessity displace, and if, having performed this useful function, as the serpent of the great enchanter swallowed the serpents of the weaker magicians, it will itself disappear, how great the riddance and relief!

Failing these and other similar topics of discussion, it might naturally occur to one well advanced in his second third-of-a-century of surgical practice that some of the memorabilia of his own professional career might be interesting, as well as profitable

topics to be briefly reviewed in the narrow limits of time which this morning affords. In fact, the temptation to indulge in reminiscence of that sort when one, by official privilege, has his audience secured to him in a state of sufficient patience and passivity is strong enough to make it a kind of virtue for him to resist it.

But the hospitality of the periodical medical press is so abundant, not to say so importunate for material of that sort, and cases are so much more usefully and conveniently put upon record there than here, that one who should spend much time here in that kind of narrative might well be accused, in the phrase of an English wit, of having fallen into his anecdotage.

Resisting the allurements of all such topics, which have risen invitingly in my mind, I have turned away reluctantly to choose another, perhaps less interesting to most of you, because it has presented itself to me in the light of a duty to add what weight of official utterance my position here to day may bring to my individual opinion upon certain matters which I conceive to be of great concern to society at large and of still greater to our own fraternity, because, either willingly or reluctantly, we are so often called upon to form and deliver our judgment upon them.

I propose to speak of some points in the relation of the insane to the law in the State of Connecticut.

It may be remarked at the outset that no one inquiring into this matter can fail to be impressed with the brevity, not to say the poverty, of the laws of this State in regard to the insane. In this respect we compare unfavorably with most of our sister commonwealths, even with some of the youngest, and, as we are apt to say, the least civilized. Here in Connecticut for instance, any "reputable physician," certified to be such by any notary public or justice of the peace, may comfortably and promptly certify his neighbor into confinement as being insane. In most of the States we find this dangerous power carefully limited and hedged about with provisos,—that the certificate, fraught with such tremendous consequences to its subject and to society, must be made by at least two physicians; that these physicians shall be graduates of some recognized lawful school of medicine; that they shall have been so many years in practice since graduation; that they shall not be connected with each other in the business of medical practice; that they shall not be connected by consanguinity or marriage with the person whose mental condition is in question; that

they shall not be connected in any official capacity with any asylum for the insane; that their certificate shall state, as far as may be possible, the cause, history, and character of the malady of the patient, and that his condition is not only one of mental aberration, but also one requiring the restraint and treatment which can be had in an asylum.

“A reputable physician!” What is “a reputable physician” in the eyes of those august expounders and administrators of the law, the average notaries public and justices of the peace? Perhaps some callow youth, with the ink scarcely dry on the parchment which, with small outlay of time, labor, or cash, he has joyfully borne away from some diploma mill, and eager to requite the low opinion that society has of him by condemning to confinement and civil disability some person with a clearer and steadier brain than his own,—perhaps a chiropodist,—perhaps a bone-setter, a “magnetic healer,” a “Christian scientist,” a “faith curist,” a “metaphysician,” a “clairvoyant,” a “theosophist;” any one of a hundred avatars of Belial or Moloch, may be “a reputable physician” before the all-embracing charity of our mother State. For my own part, when I reflect upon the extreme readiness of our laws to lend themselves to proceedings of this sort, and upon the momentous and far-reaching consequences of an act which is sometimes rather lightly performed, I respond to the not uncommon call for a certificate of insanity with more reluctance than attaches to most duties of the profession.

If it is true, as I believe it is, that this dangerous power is but rarely abused to the detriment of citizens of Connecticut, it is so because, in this particular at least, our lives are better than our laws. The public, knowing the potentiality of many and various mischiefs that abides with the profession of medicine, is shrewd and quick to suspect misconduct in this business. The amendment of our law in this matter should be speedy; it is needed for the convenience and dignity of our profession, to protect us from groundless accusations, even if it is not required for the safety of the citizen. That it is not needless is sufficiently shown by a case which, within the last few days, has aroused public discussion and indignation in the western part of the State.

It must be regarded, it seems to me, as one of the deficiencies of our State legislation in regard to the insane, that no provision is made for a permanent commission in lunacy. The reports of

our State Board of Charities bring to light a deplorably large number of pauper and alleged pauper insane, hidden in obscure alms-houses in our rural districts, who are very certain not to be receiving skillful care, and who are very likely to suffer from that inhumanity which springs from ignorance and indifference. But the standpoint of this Board is that of charity, and not of science. Its duties are of inspection and advice, and not of execution, and its function is concluded when it has made its annual or biennial report. Those duties of perpetual vigilance, with corresponding powers of summary process in case of suspected wrong or abuse, which in many States are devolved upon a Commissioner in Lunacy, are here either nonexistent or are so scattered among various courts and functionaries that it is a slow and difficult business to gather them into an effective focus. Decidedly, we may conclude there is room — nay, there is urgent need, in the interest of humanity and of orderly government, — for a competent and permanent Commission in Lunacy in Connecticut.

I do not think that the State of Connecticut has acquired or deserved any special ill-fame, as compared with other States of the Union, by reason of the abuse in her courts of the plea of insanity as a defense in criminal trials.

Indeed if such an accusation were brought against her it might be repelled by quoting numerous cases of pre-eminent infamy from the judicial records of one of our nearest neighboring commonwealths and a shamefully long array of others of similar character from some of the remoter States.

Not yet in a Connecticut court have we seen the triumphant appearance of that illogical chimera of American medical jurisprudence — “transitory frenzy,” or “acute moral insanity.”

Not yet have we heard a Connecticut judge charge the jury, all tremulous with compassion and stifling their sobs that they might listen to the words of wisdom speaking with judicial authority, that the accused may have been of sound mind up to the moment of his aiming his deadly pistol, an irresponsible maniac when he pulled the trigger, returning to sanity and to mental fitness for good citizenship while the bullet was speeding to its mark.

That appalling malady which seizes upon a man just before engaged in the ordinary quiet pursuit of some peaceful vocation, and in an instant reduces him to such a mental wreck that he may commit the highest crime known to the law without responsibility



therefor, and then as suddenly leaves him without any change in his normal condition except such as the unscientific might suppose to be the result of gratified vengeance, is as yet unknown to us here in Connecticut save as we learn of it by cases reported from other States more illuminated by the latest discoveries in practical psychology.

The symptoms and effects of this curious disease may be most conveniently studied by referring to the well-known case of Sickles in Washington City and those more recent, of Cole and Macfarland in New York, not to mention many others which might readily be collated from regions farther west and south. It is much to be regretted that neither the authors who have described this form of insanity nor the "experts" who have talked glibly about it on the witness-stand have been able to draw any clear differential diagnosis between it and uncontrolled anger venting itself in acts of vindictive violence. This failure is the more unfortunate since not only are the appearance, course, and effects of the two conditions indistinguishable to the unlearned observer, but so also are their exciting causes identical, being found in jealousies, real or fancied affronts, and injuries. It is thrice unfortunate, since in cases of this kind the advocate commonly labors to prove that his client has received provocations to commit the deed of which he stands accused, which would have driven a sane man to the same course, and then claims that because he did respond to that mental stimulus with an explosion of violence, he was insane. "Phrenitis transitoria" "acute emotional insanity," is a disease not known to influence the ordinary pursuits of social life; buying and selling, sowing and reaping, brewing and baking, forging and weaving, and even the more exciting forms of intellectual labor seem never to be disturbed by its baleful intrusion. Strangely enough it is known only in connection with a class of acts which but for its intervention would be the highest crimes known to the law, its appearance in these cases being strictly in accordance with the Horatian canon regulating the introduction of a divinity in poetry—

"Nec . . . intersit nisi dignus vindice nodus."

It is curious to observe, that twice within the last few months, in the extremely progressive jurisprudence of one of the newer Western States, Colorado, "transitory frenzy" has been found to

be a less satisfactory explanation of homicide than was the somewhat allied psychical condition of hypnotism — the hypnotism in one of these cases having been produced by a violent blow during an angry altercation, and in the other by a rapid succession of drinks of brandy and mixed wines.

It would be highly instructive to consider each of these cases in detail if time permitted, but it must suffice to say that the apparently diverse causes worked the same effect in either case, to reduce the unhappy hypnotist to a totally irresponsible state at the moment of the homicide, and subsequently in due but brief time to set him at large in society with unimpaired mental faculties, and, in one of the cases which was distinguished by peculiar and revolting atrocity in its details, not without much tearful sympathy from clergymen attending the trial and osculatory demonstrations of approval from "ladies" who mingled with the admiring crowd. It is obvious, I think, that when hypnotism once gets itself generally recognized by the courts as an explanation of homicides and similar crimes, its superiority to acute emotional insanity by reason of its elastic adaptability to the varying needs of hapless humanity in the hour of trial before a petit jury will be admitted by criminal lawyers and by that small but noxious class of medical men who make a trade of testifying.

But though the courts of Connecticut have not yet suffered the disgrace of conferring immunity upon homicides by reason of the special plea which we have been considering, it cannot be denied that they do share in the general disrepute into which American tribunals have fallen on account of the frequency and confidence with which insanity is pleaded as a defense in criminal cases. Is it not expected as a thing of course in trials for homicide, to say nothing of other high felonies, that if the accused is in any danger of conviction he will be defended on the ground of insanity? Is it not regarded as a matter for surprise and as an indication that the lawyer scarcely does his duty by his client if he does not call in the doctors to get him clear?

Here, now, let us put the question which is the one in all this discussion of the greatest practical interest to us in our professional capacity, echoing the unlearned but not unwise query of the public: Why call in the doctors?

The answer which would generally be offered to this question is

—To determine by physical examination of the accused person whether he presents the bodily signs of insanity.

Let us pause here for an instant to express our gratitude to some of the recent writers upon mental pathology, who, if they have not been able to add to our stock of facts and ideas, have at least enriched our vocabulary with new and sumptuous phrases, so that instead of speaking as of old of bodily signs we may now revel in "the somatic indicia" of insanity. The phenomenon formerly coarsely called a punched head may now be elegantly described as "cephalic traumatism," and we see with delight that some of the late medical psychologists if they do not as yet approach the ophthalmologists in positiveness and precision, at least vie with them in the extent and boldness of their incursions into the Greek lexicon.

The "somatic indicia," then, of insanity, what are they and what is their diagnostic value? In listening to the testimony of expert witnesses in court we are apt to be impressed with the abundance, variety, and certainty of those signs as observed in the particular case under investigation; in studying the best systematic treatises we cannot fail to observe the poverty and insignificance of the same phenomena as materials for diagnosis. Even those which are most insisted upon dwindle in value, under critical examination, nearly to the vanishing point.

"Cranial lateral asymmetry," an interesting phenomenon, doubtless, but is it an easy thing to find perfect lateral symmetry? Consult the diagrams made by the *conformatteur* of any hatter who preserves these curious documents and see what answer they give. And what degree of asymmetry establishes the insanity of its subject? Must it be something more than that of the great and lamented Bichat's skull, preserved in the Musée Dupuytren, for the extreme beauty of its perfect Caucasian type as well as for the striking diversity in size between its two lateral halves? Must it exceed the asymmetry that was so noticeable in the head of one of the most successful and greatest soldiers of modern times, whose most characteristic trait was perfect mental equipoise in the hour of fiercest trial and who wielded with absolute mastery one of the greatest of armies during the most stubbornly-contested war of this century? Before we insist too strongly on that exceptional condition of perfect lateral symmetry as a *sine qua non* of mental integ-



rity, let us make sure that it is not found with fairly proportionate frequency in the incurable wards of our insane hospitals.

Do the insane smell unpleasantly? Some of the old writers tried to believe so, and made profound remarks on "osmidrosis" and "bromidrosis" as one of "somatic indicia" of insanity. It is true that in the advanced stages of parietic dementia and of some other forms of insanity, patients are frequently unclean and consequently of offensive odor in spite of every care, but in cases like that do we need to use our noses or to analyze the secretions to determine the fact of insanity? The sanest of metaphysicians, the greatest of *savants*, with equally dirty habits, would smell no better.

As for other kinds and less intensities of odors which some have fancied to be connected with slighter degrees of insanity, let us remember that the observer whose powers of olfaction are keen enough to give him a mere fraction of the discrimination that belongs to a good setter dog will detect among people in sound health of body and mind kinds and degrees of smells enough to distribute pretty thickly throughout a whole nosology.

I think we must let the bromidrosis and the osmidrosis drop for all the use we can make of them as "somatic indicia" of insanity, and I do this with the more reluctance in that the attempt to establish them as such is of respectable antiquity, they are as old, perhaps, as any others in the list. Shall we fare any better with hyperidrosis and anidrosis, for these also have been declared to be "somatic indicia" of insanity? Scarcely, I think, if we reflect of how common occurrence each condition is in a great number of familiar diseases.

Much insistence has been made upon a "fibrillar tremor" of the tongue, and upon the deviation of that organ from a right line when protruded, and upon a tremor of the fingers when extended, but surely every ordinary practitioner knows that these disorders of motility are of the commonest occurrence in many patients whose intellectual condition cannot for a moment be called in question.

Long and unquestioned usage has decided that a culprit defended by the plea of insanity must have a queer and indescribable expression of the eyes. In the absence of other "somatic indicia" this is much relied upon and rarely fails to figure prominently in the expert's testimony for the defense. As it is quite essential, however, that the expression should be not only queer but indescribable, this

intangible quality seems to place it in an imaginative and ethereal sphere quite above the reach of that cool criticism with which we are accustomed to try our ordinary observations and experiences. The phenomenon is determined only by an intuitive action of the mind of peculiarly gifted persons, and being indescribable cannot be conveyed to the intelligence of ordinary mortals, and we need therefore spend no more time in discussing it here than if it were the gift of prophecy or the setting of bones by plenary inspiration, or the homœopathic system of mathematics. Not to dwell upon this part of our subject with too wearying detail we may say in general that there are few irregularities in what old medical writers used so oddly to call "the non-naturals" which have not been reckoned by one or another among the bodily signs of insanity, but that a critical study of any one of these will show that it is not necessarily characteristic of any form of mental alienation, that its coexistence with such alienation is accidental and not essential, and that any possible grouping and combination of such physical symptoms is not necessarily incompatible with mental sanity.

When the ophthalmoscope, that wonderful instrument of research which has revolutionized one great department of medicine, first uncovered to our gaze the depths of the living eye, with all their exquisite embroidery of arteries and veins and nerves, science for a moment held her breath at the startling thought, "How near this brings us to the living brain itself! May we not have an instrument of precision here that will give us some glimpses of certainty in place of vague surmise as to the welfare of the lord and master of life itself?" But while science, as is her wont, hesitated and pondered and patiently went sounding on her way trying every hypothesis with experiment, and with each experiment checked by its succeeding experiment, audacious charlatans began to shout, "The ophthalmoscope is an encephaloscope; let us look at the retinas of your maniacs, your melancholics, your paretics, and we will tell you just what and where the troubled spots in their poor brains are!" But it is the prerogative of science to have the last word, spite of unseen interruptions, and her verdict at present is, that whatever may be the lesions sometimes perceptible to the ophthalmoscope in connection with the advanced stages of insanity, that instrument is not a means of diagnosis in doubtful or incipient cases of functional brain disorder.

If I may digress from this argument for the sake of an illustra-

tion I will relate an experience, which was a deeply impressive one to me at the time of it, and which may contain a useful lesson to others. A good many years ago I was requested on behalf of a man confined under accusation of homicide, to examine him as to his mental soundness. The man was constitutionally irascible and was a notoriously vicious character. He had committed the crime under considerable provocation and wholly without premeditation. In my judgment he was not insane and I so reported to his counsel. My opinion being unsatisfactory for his purpose two other physicians were called for the service which I had failed in. One of them was an active and enterprising practitioner of the neighborhood, the other a specialist in nervous diseases summoned from another State where he had just before borne a conspicuous part in a trial for murder which had resulted in acquittal and in which, to the rapture of the newspaper reporters and to the awe and delight of the public, he had drawn thrilling pictures of the morbid *fundus oculi* of the unhappy prisoner, in which the corresponding state of his brain was as clearly set forth as in a printed page.

Both these observers were readily satisfied of the irresponsible lunacy of the culprit whom they were called to examine, finding "somatic indicia" in abundance where my duller senses had failed to detect them. The neurological specialist particularly, using the ophthalmoscope which had done him such service in his previous case, brought to light such dire maculæ, such baleful areas of congestion in the *fundus*, which to my own less penetrating gaze had seemed normal, that he did not hesitate to declare that destructive changes were going on in the brain behind, which must shortly show their effects in violent mania. In my consultation with these gentlemen I was impressed with a certain exaltation of feeling in both of them, manifesting itself in what seemed to me an overweening confidence in the certainty of their own opinions and in a somewhat scornful intolerance of any diversity of view in others. Mark now the sequel. The prisoner was convicted of some minor degree of manslaughter, the plea of insanity not being urged in the face of my objection to it. He received the usual punishment therefor, of imprisonment for a term of years. At the expiration of that term he was discharged and returned to his home and to his usual business, his condition and conduct being such as to indicate the substantial justice of the penalty he had borne. Each one of the two doctors who were satisfied of his insanity, within a few

months after forming that opinion, became an inmate of an insane hospital, one with violent mania passing into hopeless dementia, the other with a troublesome form of paranoia. Looking at this case in the light of subsequent developments, I can feel little doubt that at the time of my consultation with those two gentlemen each of them was an incipient lunatic sitting in judgment upon a man of bad morals but of steadier intellect than their own.

It was an artless Philistine, unversed in the records of modern criminal courts, who, when his important captive "feigned himself mad," and "changed his behavior before them" and "scrabbled on the doors of the gate and let his spittle run down upon his beard," jumped so promptly to the conclusion, "Lo, ye see the man is mad," and was glad to have the police of Gath rid of him on any terms.

Our longer experience and the vast accumulation of recorded cases may make us more wary than this ingenious monarch, but the fact remains that, spite of "instruments of research," spite of nosologies and pathologies, our ground for forming a true opinion of such cases is very much the same as his.

As for the "somatic indicia" at large, I believe we may safely declare that the theorist who attempts to build up a case of lunacy out of any possible combination of them will find himself confronting from a different direction the conclusion which Polonius and many a philosopher since him reached in his attempt

"To define true madness,  
What is't, but to be nothing else but mad."

Why, even the keen-eyed pathologist himself, with the bare encephalon of an undoubted lunatic on his table, and with all the help he can get from the microscope and from chemical stains for his sections, often turns away baffled from his laborious search through every nook and cranny, admitting that his results are negative, and that whatever may have been the disturbances of function he cannot touch a structural fault with so much as a needle point.

The end of the matter is that the most expert of alienists forms his opinion in any given case just as the unlearned do, on the basis of common sense, by considering the acts of the patient as indications of mental processes. If the ophthalmoscope and the sphygmograph come in to confirm the opinion based upon the mental

condition, well and good, even such corroboration as may be had from those sham instruments of precision, the dynamometer and aesthesiometer, which falsely pretend to convert subjective symptoms into objective ones, may not be destitute of interest,—the ankle-clonus, the knee-reflex, the cremasteric-reflex, the fibrillar tremors, the host of peripheral nerve phenomena that may be present or absent will not be neglected by the careful student, and yet the fact remains that these “somatic indicia” may be present in abundance and variety and yet the subject of them may be of unclouded and active intellect,—they may be all absent and yet we may have to deal with a dangerous and incurable lunatic.

I will go a step further and say : The physician on the witness-stand, who permits himself, under the manipulation, it may be, of some wily and unscrupulous lawyer, to convey to a jury the idea that his means of determining the mental condition of any person in question, are different in kind, however superior they may be in degree, to those of the ordinary observer, puts himself in a false and untenable position, and fosters a fallacy already too prevalent. That the fallacy is one in which the jury is only too ready to be confirmed does not diminish the responsibility of the medical witness nor save the dignity of his position. It is beyond doubt or cavil that most of these frequent verdicts of not guilty by reason of insanity are the expression not of the judgment, but of the emotion of juries. They are due to a reluctance to award the full penalty prescribed by the law, in cases where the crime is felt to have been to some extent an excusable, if not a justifiable act of vengeance. The jury which is rarely logical, but often sympathetic, feels a thrill of gratitude to the doctor who will say that his infallible ophthalmoscope or aesthesiometer shows the prisoner at the bar to be the hapless victim of irresistible cerebral disturbance. But is it right, is it even politic, for our profession to be carrying the opprobrium of what clear headed and thoughtful men everywhere feel to be a trifling with the law and a setting at naught of evidence ? In countries where, as in France for instance, it is permitted to juries to find that “extenuating circumstances” mitigate the crime, the shameful absurdities of transitory frenzy and of insanity which is insanity *pro hac vice*, for this occasion only, are unknown in the courts and conviction of high felonies and punishment, at least some substantial degree of punishment, are reasonably sure and speedy. But so long as our laws and our juries con-



tinue as they are, society will from time to time be exposed to the demoralizing spectacle of justice thwarted and crime shielded by the combined efforts of unscrupulous lawyers and of doctors whose lightest condemnation must be that they are ignorant or unreflecting.

Following out to its logical conclusion the argument of some alienists and of some criminal, "very criminal" lawyers, in these cases the inevitable corollary is reached that only those persons who are of the finest and strongest cerebral organization, whose ancestors and collateral relatives were free from hysteria, epilepsy, chorea, somnambulism, amnesia, aphasia, and all taint or suggestion of nervous disorder, whose crania are absolutely symmetrical, whose tendon-reflexes are normal, whose muscles are steady and free from fibrillary tremor, whose tongues are protruded without deviation from the exact median line, and whose *fundus oculi* spreads itself in such tranquil consciousness of normal function and structure that the ophthalmoscope retires with a bashful apology for its unjust suspicions, are capable of really putting themselves in conflict with the law and committing crime.

Then, at last, we find ourselves dissolving in sympathetic tears side by side with that enlightened Russian philanthropist, Prince Krapotkine, who has himself been involved in much unhappy conflict with the laws of his native land, echoing his plaintive query as to when society will cease its cruel warfare upon the unhappy invalids, sufferers from "diseases of the brain, heart, and stomach," for so he phrases it, who now fill the prisons, and turning to gentler and scientific methods will place them instead in delightful hospitals where the highest skill of science and the most angelic ministrations of human sympathy may combine to bring the murderer, the burglar, and the ravisher once more into those harmonious relations with society from which they have so sadly though so blamelessly strayed.

In conclusion, the important question presents itself—What shall be done with prisoners acquitted of crime by reason of their insanity? There is nothing in the statutes of Connecticut to indicate that the State regards them in any other light than the ordinary insane. It is in the discretion of the courts to set loose the alleged insane homicide into the midst of an applauding mob, all quivering with sympathy, as has actually and repeatedly happened in other States; or on the other hand it may order his confinement in what

it considers to be a suitable manner, for a definite period. Yes, the State of Connecticut believes homicidal insanity to be a self-limited disease like the measles, though perhaps of longer duration, and these determinate sentences have not been unusual.

At the present moment, in the Middletown hospital, a woman approaches the end of a ten years' sentence for killing her husband. Of course, looked at from the medical point of view, nothing can be more illogical than such a sentence, and yet from a police standpoint it cannot be denied that it affords a measurable though inadequate protection to society.

The Massachusetts statute on this point seems stringent and definite enough, conclusive certainly, far beyond the statutes of most or perhaps any other States in this particular — "When a person indicted for murder, or manslaughter, is acquitted by the jury by reason of insanity, the court shall order such person to be committed to one of the State lunatic hospitals during his natural life."

There, one would say, comes the conclusion of society's trouble and danger from that individual source at least. But pass to the next section and see how any person committed under the preceding section may be discharged "by the governor, by and with the advice and consent of the council, when he is satisfied after a hearing of the matter that such person may be discharged without danger to others."

Pretty infallible, let us hope, the Massachusetts governor is, because under the provisions of this last section, two years ago, to speak of only a single case, a man was turned loose upon society, who about six years previously had, not in a maniacal fury, but most deliberately slain his own child in a way that curdled the blood of any one "made of penetrable stuff" that heard of it. He had recovered his sanity, it was found upon inquiry, and accordingly was discharged. His insanity had been of that type which characterizes the truly sincere and devoted among the "faith-curers" and which more commonly impels them to homicide by negation than to positive acts of violence. Admit that he had returned to a state of mental soundness, and still the question arises, What use has society for such a man? By what conceivable process can he be rehabilitated and made to contribute to the well-being of the State? What better place can be found for him, taking his own view of his case, than that where a humane and skillful custody has prevented his being a constant danger to himself and to others?

What lapse of years, what painful assuavity in works of atonement, can ever make him less than an object of horror and suspicion to those about him? If his mind has really become a sound one can he ever cease to hear the dying screams of his child begging pity in vain of her father, or to feel her hot life-blood trickling over his hands? I do not know what may have been the life of this wretched man since his liberation, but to my mind the anxiety of one with such a history behind him to escape from the safe seclusion to which the mildest of laws had consigned him is in itself enough to indicate a probable danger to society from his setting at large.

The annual reports of our insane hospitals make a fair showing in the column headed "Discharged cured," and the public reads perhaps with a simple and unquestioning admiration of the beneficent work accomplished by these institutions. But follow out, if you can, the subsequent history of these cures — ask the head of any such institution how many of his present patients have been "discharged cured" from other hospitals and have come to him after a longer or shorter period of liberty and you will be forced to the conclusion that in a very large proportion of these cases the "cure" is a lucid interval, a period of comparative quiet to be followed by relapse.

Some years ago, in the State of New York, a man (he had been a physician in an obscure country neighborhood) was put upon trial for the murder of his wife. There was no doubt of his having committed the homicide, he himself, filled with unmistakable horror and contrition for the act, made but feeble efforts for his defense. He would probably have been convicted of murder but for the exertions of a physician who interested himself in the case and secured the acquittal of the prisoner on the ground of insanity, which was established beyond doubt. After a brief period of confinement the unhappy man was released, quiet and rational, but broken-hearted, and disappeared from all who had known him, as was supposed, that he might hide his wretchedness among strangers. Nothing more was heard of him in the place of his former abode until about two years afterward, when the appalling story came from the remote western State, to which he had migrated, that he had there again engaged in the practice of medicine, had after a while secured a measure of confidence of the community in which he lived, had remarried, and then, after a brief interval, had



killed his second wife under circumstances almost identical with those of the previous homicide. Here we are confronted with a startling paradox. Had this man been convicted in the first instance it would have been unjust, as we measure justice by our "feeble sense," and yet society would have been greatly the gainer by it, for the second crime would have been prevented.

I do not multiply instances, as I might easily do, to enforce and illustrate the conclusion which I approach; I do not linger here to elaborate the moral which must be sufficiently obvious from the cases already quoted.

I share the anxiety which must before now have possessed you that I should give place to others who will speak to you of matters more closely connected with your daily experience, and consequently of greater interest to most of you. I shall greatly abbreviate this portion of my address and hasten at once to this final deduction. Society, I will not say hates, but thoroughly mistrusts and fears the homicidal lunatic, and has no place for him outside of strong walls and watchful guardianship. If his lunacy was a dodge and a sham it is a shameful and demoralizing spectacle that he presents walking abroad at liberty and in the enjoyment of every privilege conferred upon good citizens by the laws which he has insulted and outraged. If his lunacy was real the chances of his making a complete and safe recovery from it are too small to be taken into account by society, whose first duty is to guard its own safety. Whether the recovery be real or fallacious, whether the lunacy was transient or permanent, the after life of a man who has been wrecked by so hideous a cataclysm can be at the best of little worth, full of fears, anguish and contrition for himself, full of menace to others if he be at large.

Is it too much then to ask that every person acquitted of homicide upon the ground of insanity be declared permanently insane, and that he be for the term of his natural life subjected to such humane but efficient restraint as may be required to insure both his own safety and welfare, and that of society at large?

I sincerely believe that a law to that effect would work no undue hardship to any one, but would be a substantial advance in the direction of practical justice and social safety.





